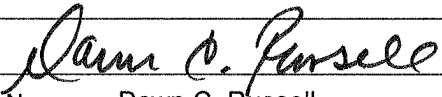


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|---|----------------------------------|-------------------------------|-------------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> | | Docket Number 030363-00003 | |
| Application Number 10/567,345 | | Filed February 6, 2006 | |
| For SOLID DISPERSIBLE AND/OR ORODISPERSIBLE NON-FILMY CONTAINING AT LEAST ONE TYPE OF ACTIVE SUBSTANCE PHARMACEUTICAL COMPOSITION AND METHOD FOR THE PREPARATION THEREOF | | | |
| Group Art Unit 1619 | Examiner Ivan A. GREENE | | Confirmation Number 6617 |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | | <u>Fee</u> | <u>Small Entity Fee</u> |
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$130 | \$65 \$ _____ |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 \$ _____ |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 \$ 1110 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 \$ _____ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 \$ _____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any over payment, to Deposit Account Number 01-2300, referencing Attorney Docket Number <u>030363-00003</u> . | | | |
| Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>44,751</u> . <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration Number is acting under 37 CFR 1.34 _____. | | | |
| Signature  | | Date October 1, 2010 | |
| Typed or Printed Name Dawn C. Russell | | Telephone 202-857-6000 | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | |
| <input checked="" type="checkbox"/> Total of <u>1</u> form(s) are submitted. | | | |

This collection of information is required by 37 C.F.R. 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 C.F.R. 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.**

If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.